

## **TOWN OF CLINTON**

INCORPORATED APRIL 5, 1865 43 Leigh St., P.O. Box 5194 Clinton, N.J. 08809-5194 (908) 735-8616 FAX (908) 735-8082

## TOWN OF CLINTON CITIZEN INVOLVEMENT APPLICATION

All residents of the Town of Clinton interested in having their names considered for appointment to vacancies on Boards, Commissions and Committees should fill out this application and return it to Ceil Covino, Town Clerk, at 43 Leigh Street, PO Box 5194, Clinton, New Jersey 08809, or <a href="mailto:ccovino@clintonni.gov">ccovino@clintonni.gov</a>.

NAME		TELEPHONE: Ho	ome
ADDRESS		Busin	ness
E-MAIL ADDRESS		Mo	bile
How long have you resided in the Town of Clinton?		Years	Months
Educational Specialty or Field			
Employment Experience Company	Po	osition Held	Years of Service
Civic Involvement Organization	Po	osition Held	Years of Service
	1		
Please attach any additional information you wo Areas of Particular Interest in Local Governmen		•	ons, etc.
Shade Tree Commission Board of	`	,	Preservation
Environ	ic Development mental sion/Green Team	Newsletter/Website Other	
Additional Information			